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Adapting the Structured Life Review for People Living With Dementia: Implementation With Unpaid Older Adult Caregivers

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Little research has been conducted to designate an effective life review intervention that reduces caregiver burden and extends the physical and cognitive function of people living with dementia (PLWD). This paper reports on the re-design and implementation of an adapted structured life review intervention for caregivers to facilitate with PLWD. There were five phases in the planning and implementation of this modified intervention. These phases included a literature review, curriculum design and caregiver training, weekly life review sessions, weekly feasibility sessions, and an evaluation. In a pilot study, 19 dyads (PLWD and caregivers) were enrolled, and 17 dyads completed the re-designed life review intervention. The caregivers found that they wanted more time to learn about each other in the training class. Minimal assistance was needed during the fidelity sessions, which the caregivers completed on a weekly basis while they facilitated life reviews with their care recipients over six weeks. There were many positive outcomes to the re-designing of the structured life review; however, due to the small sample size, tests of statistical significance were not informative. Conducting this program with a larger sample size of PLWD and caregiver dyads is recommended.

Keywords: aphasia; identity; memoirs; recovery; stroke

By 2060, a projected 13.9 million people in the U.S. will be living with age-related dementia, 65 years of age or older and representing 3.3% of the population (Matthews, et al., 2018, Karlawish, et al., 2017). Alongside them will be a family caregiver providing oversight and care. Today, there are over 16 million unpaid caregivers in the U.S. who provide an average of 21 hours per week of care for some 5.8 million people affected by dementia resulting in an estimated cost of $321 billion (Alzheimer's Association (AA), 2022). The Centers for Disease Control and Prevention (CDC, 2023) considers Alzheimer's disease a public health problem with the aging Baby Boomer population and recognizes it as a research priority in the U.S. (Alzheimer's Association, 2022; National Institute on Aging, 2023). The CDC (2023) reports that 30% of unpaid family caregivers of people living with dementia (PLWD) are greater than 65 years old.

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Research funding for dementia is aimed at PLWD and the caregiver's burden and their quality of life (CDC, 2023). There is a real and emergent need for research on efficacious interventions that prolong the physical and cognitive functions of PLWD while easing the caregiver's burden. Life review is a promising and innovative intervention shown to have positive results with PLWD and caregivers by reducing the caregiving burden (Schweitzer, 2013). The purpose of this paper is to report a systematic approach to re-designing a structured life review intervention for PLWD and to outline the curriculum and teaching strategies developed to educate older adult caregivers.

Background

People Living with Dementia

In the early stages of mild cognitive impairment, a precursor to a diagnosis of dementia, people may use a memory support system such as a notebook/calendar to retain their ability to remember names, retrace their steps, or jog their memory (Alzheimer's Association, 2022; Greenaway, Duncan, & Smith, 2012). Families may disregard forgetfulness or attribute it to a normal process of aging. The PLWD may exhibit anosognosia or a lack of awareness of their illness or their deficit. This condition manifests itself as impaired insight, denial of worsening symptoms, and lack of cooperation or adherence to medications or health checks (Kelleher, Tolea, & Galvin, 2015).

Once a diagnosis of moderate cognitive impairment is made, the caregiver's observations of the PLWD's varying

functional and psychological manifestations are validated. While the PLWD and caregiver learn about the etiology and stage of the disease, the severity of symptoms, and treatment options, they begin to adjust to the long-term implications of the disease and accept the unknowns as part of this chronic debilitating illness. The reality of chronic, progressive disease with PLWD situates the caregiver for their cluster of uncertainty. Cheng (2017) reported that caregiver burden is effectively predicted by measuring neuropsychiatric symptoms with the effects of burden primarily caused by disruptive behaviors such as agitation and aggression.

Caregivers

Caregivers provide oversight of more complex activities of daily living that were once assumed by the PLWD which initiates a period of uncertainty regarding the disease, prognosis, and anxiety. The relationship between the loss of function for the PLWD and the caregiver's responsibility is inversely related. Critical thinking, problem-solving, and complex tasks are the most burdensome for a caregiver and in most situations, they underestimate the level of cognitive impairment for the PLWD (Miller, 2019). The caregiver assumes more responsibility to protect and preserve the PLWD's quality of life while experiencing losses of their own. As the burden of the caregiver increases, so do the caregiver's losses. These losses may include disconnection from the community and society, lack of empowerment, loss of independence, and psychological challenges (Carlozzi et al, 2017. The most common psychological problems for caregivers are anxiety, depression, and stress (Brodaty & Donkin, 2009; Hopkinson, et al., 2019).

Caregivers are vulnerable to losing their sense of purpose, closeness with the PLWD, and feelings of mastery and gratification (Cheng, et al., 2015; Yu et al., 2018). Depression and the inability to engage in personal interaction with others outside the home are common issues that lead caregivers to social isolation (Cuc et al., 2017). Caregivers are at risk for high levels of stress and caregiver burden.

Dyadic Research with Life Review

As part of the intervention process, caregivers have been overlooked in studies of life reviews and similar interventions, even when there are positive impacts on both the caregiver and PLWD (Ingersoll-Dayton et al., 2018). Positive aspects of dyadic approaches found by a systematic review of approaches to reminiscence and life review for older adults led to increased communication, mutual affirmation, and enjoyment of the interactions between caregivers and care receivers (Ingersoll-Dayton et al., 2018). In a comparison study of groups of caregivers with and without the care recipients and a control group of caregivers receiving no treatment, the caregivers receiving the life story approach reported less burden in the intervention groups (Haight et al., 2003). Interventions such as the creation of Life Story Books have been linked to the improved mood of the PLWD and decreased caregiver burden (Haight et al., 2003). Caregivers who were spouses of persons with dementia benefited from biographical reminiscence work, reported a sense of hope, and enhanced interpersonal trust (Myhre et al., 2017). Older adults that relocated to an assisted living facility engaged in life review with their families found that this intervention helped to better their relationships (O'Hora & Roberto, 2018). The two aims of the paper are to a) report on a systematic approach to re-designing a structured life review (SLR) intervention for PLWD and b) to report on the curriculum and teaching strategies developed to educate caregivers.

Method

Systematic Approach to Re-Designing the Life Review Intervention

Research has shown life review to be effective in alleviating depression among older adults, reducing caregiver burden and stress, and improving the quality of life (Schweitzer, 2013). The structured life review originally designed for older adults by Barbara K. Haight described an eight-week block of topics chronically set by Erikson's stages of psychosocial development (Haight & Haight, 2007). Over the past 15 years, the structured life review has been used with people of all ages and in different settings, such as nursing homes, home settings, and community gathering places. It has been primarily facilitated by professionals or students in professional training programs such as social workers, nurses, chaplains, and gerontologists.

The primary author adapted the structured life review from the original Handbook of Structured Life Review (Haight & Haight, 2007) in 2017 for a proposal to the RRF Foundation for Aging, the former Retirement Research Foundation. Table 1 provides a side-by-side comparison of Haight and Haight's (2007) Structured Life Review and our modified structured life review for PLWD and the caregiver. The adaptation by the first author included teaching caregivers about Erickson's Stages of Development, with examples that were culturally, socially, and gender neutral. Common challenges of each stage of development were added, and specific examples were tailored for caregivers based on the era of the PLWD and their origins. Positive and negative outcomes of the life review were added to the goal section of the life review training based on the first author's 15 years of research experience.

The handbook's target audience was professionals conducting life review sessions with people they were unfamiliar with or persons who had a professional relationship with the life reviewer. Haight (2007) focused on power and control and supervision of these professionals during the training to sensitize the pro-

Table 1

Comparison of the Structured Life Review Education

Structured Life Review (Haight 2007)	Modified Life Review for PLWD and Caregiver
Goals of Life Review (LR)	Goals of LR + Added research findings for PLWD + Added Benefits and Positive Outcomes + Added Drawbacks and Negative Outcomes + Added Erickson Stages
LR Form (Questions)	Eliminated LR Form + Added Fidelity Checklist for the LR sessions
Schedule: • Flexibility • Weekly visits • Process	Schedule: • Flexibility • Weekly visits • Process - caregivers had past history with the PLWD
Unique characteristics of the LR process: • Structure • Duration 60 minutes x 8 sessions • Individuality Evaluation	Unique characteristics of the LR process: • Structure • Duration 30-60 minutes x 6 sessions • Individuality • Evaluation + Added Getting organized for LR + Added Caregiver's job + Added Environment Preparation
Additional Considerations: • Hard work • Self • Repetition • Power and Control • Supervision • Confidentiality Audiotaping	Additional Considerations: • Hard Work • Self • Repetition • Eliminated Power and Control • Eliminated Supervision • Confidentiality • Audiotaping + Added Health of PLWD + Added Privacy
Participants: • Therapeutic Listener • Life Reviewers	Participants: + Therapeutic Listener + Life Reviewers + Added Stimulation of Sense + Added Practice Listening Session + Added Practice LR session
Visit 1 Getting Started	Eliminated this visit Visit 1 Early Childhood
Visit 2 Childhood	Visit 2 Family and Home
Visit 3 Adolescence	Visit 3 Adolescence
Visit 4 Young Adulthood	Visit 4 Young Adulthood
Visit 5 Older Adulthood	Visit 5 Older Adulthood
Visit 6 Summary and Evaluation	Eliminated this visit
Visit 7 Integration	Eliminated this visit Visit 6 Reflections on Life
Visit 8 Closure	Eliminated this visit

essionals to pay attention to dominating the life review sessions; however, these topics were eliminated in our caregiver training due to the pre-existing relationship between the caregiver and the life reviewer. The caregivers between the caregiver and the life reviewer. The caregivers in our modified structured life review were relatives, friends, or familiar acquaintances of the life reviewer. The explanations of the schedule and the characteristics of a life review process were taught from the perspective of the caregiver having a past association with the life reviewer. Lan and others (2018) reported using a six-session life review lasting 30-60 minutes with older adults with frailty. They covered topics that addressed childhood, adolescence, young adulthood, older adulthood, summary and evaluation, and integration. In a systematic analysis of 20 articles on life review, Ingersoll-Dayton, and others (2018) reported most life reviews were between five and six sessions. Hendricks and others (2019) adjusted the life review sessions from 12 2.5-hour sessions to eight 1.5-hour sessions to better fit the general practice setting. The modified life review was changed to 30–60-minute sessions using six sessions of life review. Getting organized for the life review, the caregiver's job, and the environment preparation were added in part to ensure the setting was suitable for the PLWD for the best outcome.

Considerations for the health of the PLWD and privacy were added to the caregiver training. Caregivers were somewhat knowledgeable about the challenges of illness and exaggerated symptoms of declines in mentation on days when the PLWD was not feeling well. As a group, the caregivers were able to give strategies of what interventions they had tried on these days for the PLWD to cooperate. The group and educator concluded that it would be best to reschedule the life review session for another day.

Using the theoretical framework of a structured life review and principles found in ethical decision-making, sensitivity training, mindfulness, adult learning, and communication techniques, a blueprint for the curriculum was developed. Following a model of design and development process for interventions (Fawcett, 2016; Haight & Haight, 2007), the following logistical issues impacting the delivery of the curriculum were added to the plan: geographical location of the classes, start time, duration of the classes, traffic flow, food and beverage, and content overload. These subjects were carefully considered in the planning of the caregiver-provided life review curriculum.

The redesign of the life review intervention followed five main phases. The planning phase was set as the first phase in the redesign of the life review intervention followed by the training class phase, the implementation phase, the continued support phase, and a fifth and final evaluation phase. The planning phase included a literature search of PLWD and caregivers to redesign the life review which led to the design of the study components of recruitment strategies, agencies, eligibility criteria, and IRB approval. This phase included the logistical aspects of the intervention such as location and budget. The second phase was the actual, live, in-person, training class of the caregivers coordinated and facilitated by an expert in the field of life review. The third phase was the implementtation of the life review sessions by the caregivers with the PLWD in the community setting, The fourth phase was the ongoing support for the caregivers during the six weeks by members of the research team through the telephone. The final phase was an evaluation of the redesign in terms of attrition, class participation, and fidelity adherence.

Planning Phase: Literature Search Leads to Redesign

An initial literature search was conducted using the National Library of Medicine PubMed, CINAHL Complete, Psych INFO, and ERIC (EBSCOhost) on key terms life review, and people living with dementia or dementia to retrieve articles on how older adult caregivers could be trained to deliver a life review. As of the spring of 2018, there were few articles published on the subject. The literature was sparse between 2013-2018. One research intervention conducted in Norway with early-stage dementia explored the coping strategies of caregivers (Myhre, et al., 2018), and a second article by Williams and others (2014) identified interactions between the facilitator and reviewer that facilitated positive affective identity. Findings from this literature search were used to develop the considerations for care recipients and communication techniques targeted at older adult caregivers in the curriculum. Using knowledge and experience from previous work with terminal patients with cancer, people enrolled in hospice, and geriatric patients, the structured life review was critically reviewed for a population of people whose level of function would decline as their disease progressed. A second literature search was conducted using the same search databases and period of time with key terms of dementia and life review to explore published research studies. One article met the criteria and explored an outpatient recreational life review program (Li, Hsu, & Lin, 2014), showing a slight decline in mental status over eight weeks in a small sample of PLWD. Additionally, Gibson (2011) and Haight and Haight (2007) published chapters in their books about the utility of conducting a life review with PLWD by a professional healthcare provider.

A set plan was made for using community agencies for recruitment, creating advertisements, and proposing reasonable eligibility criteria, which were generated to avoid excluding the PLWD that might benefit from the life review, and keeping an open approach to word-of-mouth referrals and snowball sampling.

In developing the curriculum for the life review training class, explicit learning objectives and content were designed to educate the non-healthcare professional on the process of conducting a life review (see Table 2: Overview of Curriculum Design). Because the CDC (2023) reports 30% of unpaid family caregivers of PLWD are greater than 65 years old, the curriculum was designed for this targeted

Table 2

Overview of Curriculum Design

Topics	Objectives for the Learner	Content	Rationale	Teaching Strategies
Module 0 Introduction	Introduce themselves and state why they enrolled in the study Describe a LR	Introductions and why the caregivers were interested in participating in this study. Memory retrieval Triggers to stimulate memory Contextualizing the story within the larger framework of a LR. Q&A session Examples of LR	*Discover their motivation for attending the class and ensure their motivation was ethical, genuine in nature to help the PLWD.* *Video was a warm-up for the LR content* *Clarify content* *Depict examples that were common to the group*	Lecture Slides Handouts DVD of Jim Birren (2008) Q&A session Group Discussion
Module 1 Overview of a Structured LR	Describe a LR	Research perspective on LR and outcomes What is a structured LR? Importance of LR Benefits or Positive Outcomes of LR Drawbacks or Negative Outcomes of LR Who conducts the LR? Difference between senility and reminiscence Eight Stages of Psychosocial Development by Erikson Q&A session	Background on Erikson, Butler, and Haight Define LR term LR research findings for PLWD List of 14 List of 6 Intended facilitator of the LR Background on Butler's findings Background on Erikson, name of the stages, themes, questions to ask based on the stage Clarify content	Lecture Slides Handouts Group Discussion Q&A session
Module 2 Getting Organizes before the LR session	Contemplate what to prepare for a LR session	Caregiver's Job Getting organized before the LR session Comfortable environment Recordings Schedule Duration Structure (checklist) Q&A session	List of 8 items List of 5 things to do before the session Consider the surroundings for light, noise, temperature, seating arrangements, and privacy Consider devices and rationale Consider flexibility, set time and day, existing appointments 30-60 minutes to avoid fatigue First review of the checklist Clarify content	Lecture Slides Handouts Group Discussion Q&A session

Table 2 - Continued

Overview of Curriculum Design

Topics	Objectives for the Learner	Content	Rationale	Teaching Strategies
Module 3 Care Recipient Consideration	Describe PLWD needs Describe what to expect from the care recipient	Sharing of Self Repetition Confidentiality and Privacy Health of PLWD Q&A session	Consider reason why PLWD would share their LR Sensitize responses to LR stories heard many times Consent from PLWD on whether to include others in their LR session Consider illness, medication schedule, vision, hearing, speech, cognitive function, ADL times Clarify content	Lecture Slides Handouts Group Discussion Q&A session
Module 4 Practice sessions of therapeutic listening and LR	Use communication techniques to facilitate the LR Practice listening Practice a LR with another caregiver	Interview techniques, PLWD pauses and silences, anticipated responses based on the personality of the PLWD Listening practice session LR practice sessions, stimulate memories with senses Q&A session	Meaning and rationale for the questions, prompts, encouragement, pauses, and silences during the LR sessions Tune up listening skills Practice asking questions Clarify content	Lecture Slides Handouts Group Discussion Q&A session Role play
Conclusion, wrap up, what is next	Describe the next steps with the PLWD	Review of the checklist Certification of Attendance Evaluation of Class Q&A session	Clarify content	Handouts Q&A session

senior learner. Teaching strategies were kept basic without newer technologies such as gaming or interactive videos focused on the content, and targeted toward the senior learner. on the content and targeted toward the senior learner. Using adult learning principles of presenting content from simple to complex and using a classroom interactive approach to learning, the caregivers were given didactic content by an application to build confidence and efficacy. Training groups were intentionally kept small. Individuals were surrounded by a community of fellow caregivers for PLWD which gave the group members a common bond of understanding and inclusion.

Based on prior experience with caregiver training and advice from stakeholders from the agencies involved with recruiting our dyads, a training class was developed for caregivers. The components of the educational offering were specifically designed for caregivers of PLWD to decrease implementation failure (Fraser & Galinsky, 2010) and to increase instructor engagement with each caregiver. Time was allotted to the content based on the volume of material to teach and the difficulty of the concept.

Logistical aspects of the training class were very important in this study. Caregivers are scheduled 24/7 with the PLWD. Adding one more activity to the caregiver's busy agenda had to be planned and scheduled in advance. The training class was conducted during the summertime when the hours of daylight were the longest. Understanding that sundowner's syndrome is prevalent with the PLWD enabled the caregivers to return home before dusk and avoid the traffic congestion on the freeways. Centralized, safe, easily accessible, and well-lit locations were selected for the training class and located in familiar settings to the caregivers.

The classroom was pleasantly decorated, carpeted, and spacious, with minimal noise issues. It was equipped with a computer with a DVD player, projector and screen, and speaker system. There was enough light to see the slides and take notes. The classroom was arranged in three to four rows with two caregivers at a table and plenty of surrounding space for pairing up for the practice sessions.

Lunch and breaks were provided to caregivers and PLWD in a separate gathering space along with healthy

protein bars, snacks, coffee, and tea in the educational room. A licensed certified nurse assistant was offered for the caregivers if other arrangements for leaving the PLWD were not made.

Second Phase: Training Class

The objectives of the training class were that the caregiver would be able to: describe a life review, prepare for a life review session, consider the life reviewer's needs, practice listening, describe what to expect from the life reviewer, and practice a life review with another caregiver. This nurse-led training was designed to be delivered in one 6-hr class with six 20-minute follow-up telephone sessions reinforcing and re-educating the caregivers as needed.

In a colorful presentation folder, the learners were given handouts of the slides with plenty of white space to take notes, a schedule for the day, and copies of the fidelity checklist. The class ran from mid-morning to mid-afternoon with frequent breaks (see Table 3). Learners were paired up in a cooperative learning fashion, and slide content was supplemented with real-life examples and multi-media clips. The learning strategies included audio, verbal, tactile, and experiential learning.

Table 3

Training Class Agenda

Time	Schedule
10:00 a.m. – 10:45 a.m.	Overview of Life Review
10:45 a.m. – 11:00 a.m.	Break (optional)
11:00 a.m. – 11:30 a.m.	Getting organized before the Life Review Session
11:30 a.m. – 12:00 p.m.	Care Recipient Considerations
12:00 p.m. – 12:45 p.m.	Lunch
12:45 p.m. – 1:15 p.m.	Therapeutic Listener and Practice Session
1:15 p.m. – 1:45 p.m.	What to Expect from the Life Reviewer
1:45 p.m. – 3:30 p.m.	Life Review and Practice Session
3:30 p.m. – 3:45 p.m.	Wrap-up and Evaluation

A detailed script was developed for the training class to ensure the instructor was providing consistency and replication for the class. Haight and Haight's (2007) handbook provides eight sessions of life review, but the modified life review sessions conducted on a weekly basis were titled: (a) Early Childhood, (b) Family and Home, (c) Adolescence, (d) Young Adulthood, (e) Older Adulthood, and (f) Reflections on Life. Haight and Haight's visits on Getting Started, Summary and Evaluation, Integration, and Closure were eliminated in part because we anticipated a physical and mental decline over the six weeks. The visit on Integration was modified as a Reflection on Life, following a theme of lessons learned and lessons to share with others.

Before leaving the training class, caregivers were ceremoniously awarded a certificate of attendance signed by the instructor. Caregivers were asked to look at their calendars and project the first life review session. They were eager to get started on the project and all caregivers scheduled the day and time. This step was important for the research team and their follow-up phone calls. After the training class, caregivers completed a written formative evaluation.

Third Phase: Implementation of the Weekly Life Review Sessions

For the next six weeks, caregivers were at home conducting weekly life review sessions with the PLWD. Building on the skills that the caregivers learned in the training class, weekly fidelity sessions by telephone were conducted to ensure the caregivers were following the checklist. It was important for the caregivers to have the confidence and autonomy to conduct the life review sessions and trust that the life review training class had prepared them to conduct the weekly sessions at home. A life review checklist had been created as a reminder for the caregivers on the preparation steps, the topic to discuss, and a sample list of questions. Preparation included scheduling a life review session, setting up the environment, recapping the goals of the life review session, including an estimate of time for the session, consideration for the PLWD, and getting focused on the initial open-ended question. The caregivers were encouraged to decrease stimuli in the setting by turning off the TV and computers, muting their cell phones, and putting a note on the door of the interview area to provide privacy and decrease disruptions.

Fourth Phase: Weekly Feasibility Sessions

The fourth phase was designed for ongoing support for the caregivers during the six weeks. There was concern that participating in the life review would stir up unhappy memories for either the caregiver or the PLWD (Lan et al., 2018), and this was included in the weekly checks by a research assistant. The research assistant was assigned to maintain consistency and familiarity with the caregiver. A script was provided to the research team member on how to start the conversations and answer commonly asked questions. The weekly fidelity sessions provided a dedicated opportunity to 1) reinforce the classroom training, 2) verify the caregiver had prepared for the life review session including privacy, 3) assess environment comforts, health considerations, and sitting arrangements, 4) instill confidence of the life review instructor in their abilities, 5) provide praise for conducting the life reviews, 6) address any issues promptly, and 7) hold the caregivers accountable for conducting the life review sessions and pre-arrange the next call. The checklist used in the training class with the caregivers was transformed into the fidelity checklist for the research assistants.

Final Phase: Evaluation

The goal of the life review redesign was to create a reliable, modified life review training class and weekly fidelity sessions that were feasible, acceptable, and able to be implemented with caregivers of PLWD. To test the optimal dose of education about the life review intervention, data were collected, and findings were reported on phases 1-3. A formative evaluation was developed to evaluate the training class. It was designed as a Likert scale with seven questions to elicit immediate feedback on the class and to assess if the training was successful. Caregivers were asked to rate the expertise of the instructor, the teaching methods/strategies, and the content of the training class. Other questions were asked about the caregiver's participation in the practice of conducting a life review, their ability to conduct a life review, adhering to the checklist, and what challenges they anticipated.

Feasibility Outcomes

In a published feasibility article, findings were reported on the caregiver and PLWD's outcomes of depression (Miyawaki, et al., 2020). The results of the caregiver's fidelity showed the caregivers were able to conduct the life review following the checklist components (Miyawaki, et al., 2020).

Evaluations of Class & Changes

The immediate post-training class formative evaluation showed 100% of respondents (n = 19) completed the survey. The common improvement theme for the first class was that caregivers wanted more time to engage in the abbreviated life review session because they enjoyed learning about each other. The research team observed the caregivers engaged in learning, networking with other caregivers, and being attentive during the listening training. They were able to make observations and provide suggestions on what questions would have been important to ask in the listening session. The weekly fidelity sessions did not render other suggestions for the training class.

The training class objectives, content, time allotment, handouts, and life review (fidelity) checklist did not substantially change between the three offerings. Based on the formative evaluations, subjective comments, and observations by the research team, the following changes were made before the second training class. The start time changed from 9:00 a.m. to 10:00 a.m. An optional break was offered before lunch because the class started later.

Costs

Most of the cost associated with the life review training was human resources. Qualified professionals developed the training materials and assembled materials for caregivers. Fifty hours were invested in the redesigning of the training class. Each delivery of the training class was another eight hours of investment, including an hour for preparation and conclusions as well as six for the actual instruction. The conference rooms were provided by the agency. Technological resources (projectors, computers, DVD players, and software programs) were provided by the personnel's employer and the local sponsor. Food and beverages were considered necessities due to the length of the training class.

Discussion

This study evaluated the training class and feasibility session of the caregiver-facilitated life review intervention. The two formative evaluations, at the end of each training class and during the weekly life review check-in with the caregivers, served as a strategy for evaluating the sustainability of the training. A timely and constructive evaluation was needed for the training class to ensure caregivers were educated on facilitating a life review session to ensure the safety of the care recipients of the life review. The weekly life review checklist and sessions were a specific sustainability strategy that served as a booster of the content of the training class with the caregivers and as a means of evaluating the sustainability of the training (Hailemariam, et al., 2019). These evaluations reflected the positive outcomes of low attrition, high adherence to the life review checklist, and overall confidence in being able to conduct the life review with the PLWD. Caregivers appeared to have positive experiences with the training class, including engagement with the life review practice sessions as a facilitator. Researchers found a couple of logistical changes that were easily resolved. There was no need for further training of the caregivers. The research assistants were able to provide answers to the caregivers' questions with a script provided by the research team. Due to the small sample size, there was an insufficient quantity of dyads to produce any statistically significant results from the efficacy testing on the outcome measures.

The life review training and feasibility sessions were accepted regardless of gender, racial/ethnic group, and severity of dementia. Attrition was comparatively low (two out of 19 caregivers: 10.5%) and occurred at the beginning of the life review sessions. One caregiver didn't seem to understand what she was supposed to do and the other one was not planning to follow the study protocol to start with. Otherwise, everyone followed the protocol and was able to complete the study. This study evaluating the training class and feasibility sessions was conducted with caregivers from agencies known to have PLWD. The three offerings were conducted over the summer months. The small sample reflected the small study budget.

Conclusions

Before conducting a pilot study, the life review was redesigned for the PLWD, and a training class was

developed for caregivers. In a small pilot study, caregivers were able to be trained to conduct a life review session in the community with a PLWD. The coupling of the life review training class and weekly fidelity sessions for caregivers created a feasible intervention for PLWD to relay their life story.

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